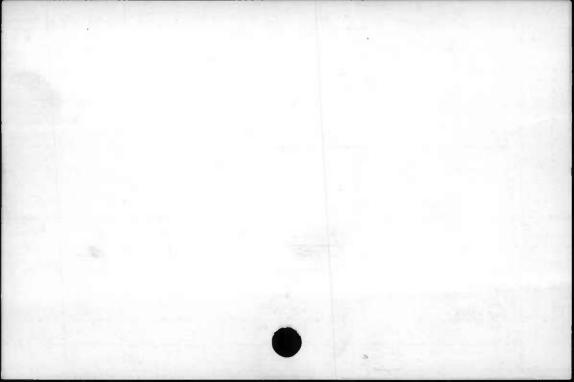
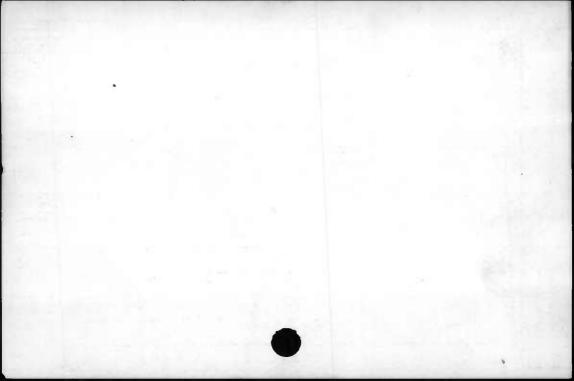
Name in CERTIFICATE OF DEATH Full County Town Died at MARYLAND in an Months Month Days Date of death 1906 Age uns 0 Rirth. Color or ANSWERED NEAREST FRIEN place Sex Race Occupation Where Residing if not at place of death Name of Wile or Married, Single Husband or Widowed TO BE Father's Father's Name Birthplace Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased in formation CAUSES OF DEATH Primary ER How long PHYSICIAN NO Immediate E Are the name, age, sex, color, date Signature of CO and place correctly given above? Physician Address 20 Accident or Suicide? LIBRARY BUREAU ARREIL



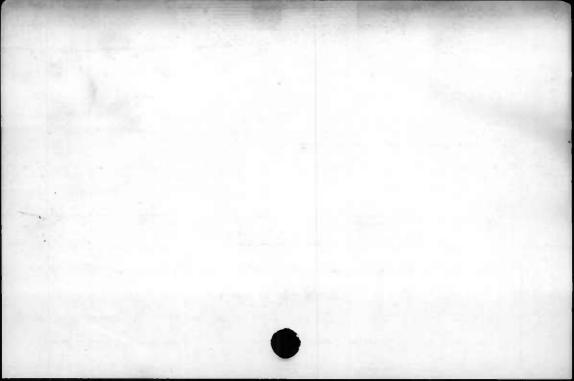
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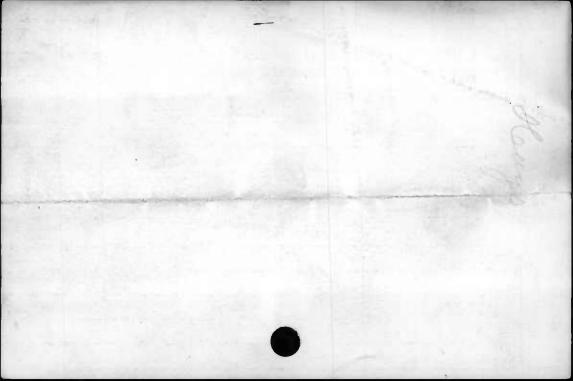
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14	Sex Filmalle Color or Race	white	Birth- place	W.V.a				
ANSWERED	Hanse work	Where Residing if not at place of death						
	Married, Single Single Name of W or Widowed Single Husband	lie of						
TO BE	Father's Father Birthpla							
Ė.	Mother's Margret Casteet Birthpl			W.V.a				
				related mother				
CAUSES OF DEATH								
	Primary Continumen	t (110)	How long	6 meates				
PHYSICIAN OR CORONER	Immediate cold		How long					
	Are the name, age, sex, color, date and place correctly given above? AUS Signature of Physician S. SANA9			Underlak				
	. /	Address Hyrice	notar	ille				
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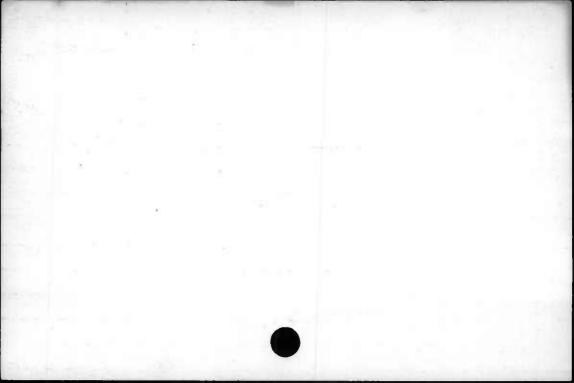
in Full	Mrs Inos Caco	wood	CERTIFICATE OF DEATH
	Died at Reecue	Jarrell	MARYLAND
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ND BY	Sex le proce Color of Race	White Bir	th- ce M
ANSWERED	Occupation Her	Where Residing if not at prace of death	
	Married, Single Married Name of Wile or Husband	Jones.	receip
B E E	Father's Allen Du		ther's mode
5	Mother's Maiden Name	other's make	
	Name of person giving In formation	ow related deceased	
	CAUSE	S OF DEATH	
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NAN	Immediate the second	Ho	ow long
PHYSICIAN R CORONER	Are the name.age.sex.color.date	Sign ture of Physician	Legan
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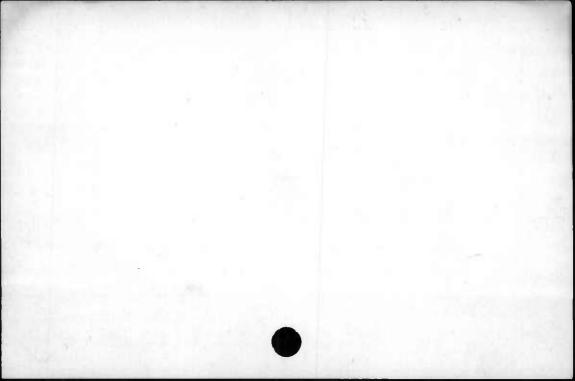
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	1 Town	00000	County	OZIIII IOATE OF BEATH	
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	Sex Morse Color or Roce	Inhite.	Birth- place M	aryland	
ANSWERED REST FRIEN	Aparmer	Where Residing	g if not	1	
	Married, Single Widower Name of Wildowed Widowed Husband	ie or			
TO BE	Father's Name	Father's Birthplace			
ř	Mother's Maiden Name	Mother's Birthplace			
	Name of person giving Roy . //	n Eust	How related to deceased		
	C	AUSES OF DEATH	5		
	Primary	(4:	How long	8 mo.	
PHYSICIAN OR CORONER	Immediate Ca	noir	How long	. ,	
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		Address	assis	West	
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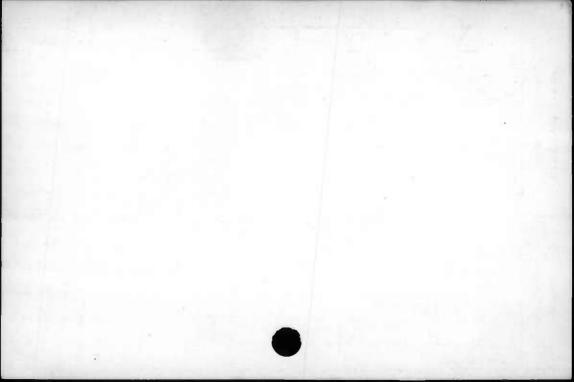
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ED BY	Sex Jenne	Color or C	Rete	Birth- place	med	
ANSWERED REST FRIEN	Оссоралон		Where Residing If not at place of death			
	Married, Single Name of Wife or Husband				0	
E A				Father's Birthplace	mo	
0 -				Mother's Birthplace	wos	d
				How related to deceased		
		CAUSE	S OF DEATH			
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PHYSICIAN OR CORONER	Immediate		5	How long		
	Are the name,age,sex,color.date and place correctly given above?		Signature of M. C.S.	Huce	loca	71
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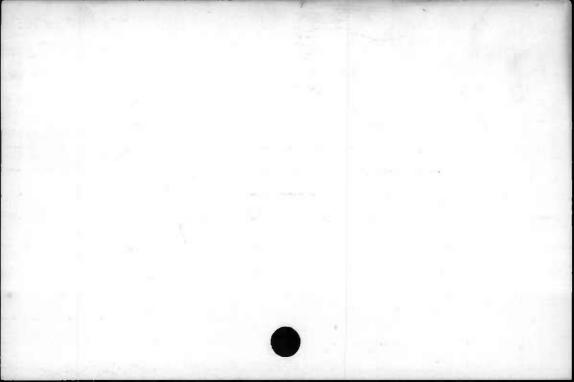
Died at Died at Day Day Months Day Age	in Full	Starry Um	1. Alle	12016		CERTIFICATE OF DEATH		
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In formation CAUSES OF DEATH Primary Pelmary	-							
Primary fell out of led (61) Howlong 9 days					How related to deceased			
fell art of led (61) 4 days			CAUS	ES OF DEATH				
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Accident or Suicide? LIBRARY SUBCAU ASSELS		Accident or Suicide?			1 md			



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	Date of death 190 6	20	Age	Mo	onths	Days D	
ED BY	Sex 7,	Color or Race	$\overline{\omega}$	Birth- place	Ind		
ANSWERED	Occupation		Where Residing if not at place of death	_		\	
	Married, Single or Widowed	Name of Wile or Husband	-				
NEA	Father's Name	Lower	~	Father's Birthplace	ma		
o F				Mother's Birthplace			
	Name of person gring In formation	om d	- away	How related to deceased		Thes	
		CAUSE	S OF DEATH				
	Primary Street	13.	and V	Howlong	Na.		
RONER	Immediate		12.	How long			
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?		ignature of hysician	Etu	793		
0 0			Address	2	Do	Q.	
	Accident or Suicide?	1	7				
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Died at Porce Date Date of death 1900 Sex Color	in Full	Edunt Poncor		CERTIFI	CATE OF DEATH	
Sex Color Rece Signature of Physician Sex Occupation Where Residing if not at place of death Married, Single or Widowed or Widowed or Widowed Musband Husband Page of Husband Primary Rather's Name Mother's Marden Name Name of person giving How related to deceased CAUSES OF DEATH Primary Pulsuantly dues to the name, age, sex, color, date and place correctly given above? Address Address		Town	M	ARYLAND		
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Father's Name Mother's Maiden Name Name of person giving In formation CAUSES OF DEATH Primary Primary Primary Primary Primary Are the name, age, sex, color, date and place correctily given above? Signature of Physician Address Address	WERI	John Tores				
Mother's Maiden Name Name of person giving Information CAUSES OF DEATH Primary Primary Primary Primary Primary Primary Are the name, age, sex, color, date and place correctify given above? Address Address			Vite or Deles porc	77		
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Accident or Suicide?			Address	cond		
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Name in Full CERTIFICATE OF DEATH County MARYLAND Day Date Months Days of death 1 90 6 Age Birth-Color or TO BE ANSWERED FRIEN Race Occupation Where Residing if not at place of death NEAREST Name of Wile or Married, Single or Widowed Husband Father's Father's Name Birthplace Mother's Mother's Maiden Name Birthplace Name of person giving How related In formation to deceased CAUSES OF DEATH How long CORONER PHYSICIAN How long Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Address a: Accident or Suicide?

Sand Spring

Name in CERTIFICATE OF DEATH Full County Died at Ole Klace ault MARYLAND Months Days Day Years Date of death 190 6 ecus. Age 10 0 Birth-Color or ANSWERED REST FRIEN place Sex Race Occupation Where Residing if not at place of death Name of Wite of Married, Single Husband or Widowed TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving In formation to deceased CAUSES OF DEAT How long Primary CORONER How long PHYSICIAN Immedia! Are the name, age, sex, color, date Signature ø and place correctly given above? Physician, Address 00 0 Accident or Suicide? LIBRARY BUREAU ASSSIG

